

## Top Bins Only Camper Immunization Record

Name of camper	
Age of camper	
Date completed	

State Health and Safety regulations require that your child is up to date with age appropriate vaccinations as listed below.

**Campers who aren't vaccinated won't be permitted on camp unless there is a bona fide medical or religious exception.**

#	Immunization	Most Recent Dose – Month and Year
1	Diphtheria/Tetanus	
2	Haemophilus Influenza type B	
3	Hepatitis B	
4	Measles, mumps, rubella (MMR)	
5	Poliomyelitis	
6	Varicella (chicken pox)	
7	Has the camper recently been exposed to a contagious disease	Yes No

I certify that this information accurately reflects the immunization history of the camper name listed above.

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* **IMMUNIZATION EXEMPTION REQUEST** \*\*\*\*\*

On religious, grounds, I request exemption for my child from all vaccinations and/or immunizations required for attendance at this camp

On medical grounds, I request exemption for my child from all vaccinations and/or immunizations required for attendance at this camp

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Questions

(e) [camps@topbinsonly.com](mailto:camps@topbinsonly.com)